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## \*BIBDATASHEET\*

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## **CONFIRMATION NO. 9536**

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| "* CONTINUING I<br>This appline<br>"* FOREIGN APP<br>IF REQUIRED, FO                  | claims benefit                          | ***            | ***          | - ,                 | ENTITY                 | **                  |                                     | ÷       |                |
| Foreign Priority claimed  |   |                |              |                     | ent                    |                     | тот                                 |         | INDEPENDENT    |
| 35 USC 119 (a-d) conditions Lyes Lno L Met after met Allowance Lyes Lno L Met after   |   |                |              | STATE OR            |                        |                     |                                     |         |                |
| Verified and<br>Acknowledged  | ed and Deven a Country DR               |                |              |                     |                        | RAWING CLAI<br>8 26 |                                     |         | CLAIMS<br>4    |
| ADDRESS<br>YOUNG & BASILI<br>Suite 624<br>3001 West Big Be<br>Troy , MI<br>48084-3107 |   |                |              |                     |                        |                     |                                     |         |                |
| TITLE<br>Wireless audio tra   | ansmission me                           | thod and appr  | aratus fo    | r coupling aud      | io play                | ers to a            | udio rec                            | eivers  |                |
|   |   |                |              |                     |                        | □ <sub>All</sub>    | Fees                                |         |                |
| 1   | FEES: Authority has been given in Paper |                |              |                     |                        | 4                   |                                     |         |                |
| 1   | EES: Authorit                           | y has been giv | ven in Pa    | эрег                |                        | □ 1.1               | 6 Fees (                            | (Filing | 1)             |
|   | FEES: Authorit<br>No.<br>No.            | to charge/cre  | edit DEP     | aper<br>POSIT ACCOU | INT                    | l===                |                                     |         | essing Ext. of |